

216006708  
82227

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 077	Agency Case No. B6-011734	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/10/2016		TIME OF ACCIDENT 1605	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1607	02/11/2016								
B	35	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 12th St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE								
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION									
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
		77.00		X		South curb of P St							
V1/M	19	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
VEHICLE NO. 1													
F	1	DRIVER LICENSE NO.	H13774757	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V1/N	1	DRIVER	ZHI D KOH	PHONE	4029750050	LOCAL NO.							
V2/N	1	DRIVER ADDRESS	1801 R ST STE 1018, LINCOLN, NE 68508	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	06/22/1995							
G	2	OWNER	LIYI CAO	PHONE	4024801997	LOCAL NO.							
		OWNER ADDRESS	433 N 19TH ST #54C, Lincoln, NE 68508	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB502602							
H	4	LICENSE PLATE	PA NO. TGW928	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V1/O	1	VEHICLE	2006	MAKE	Chrysler	MODEL	PT Cruiser	BODY STYLE	4 door Sedan	COLOR	black	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 20
V2/O	1	VEHICLE ID NO. (VIN)	3A4FY58B16T351043	INSURANCE COMPANY	Progressive			POLICY NO.	908859694				
VEHICLE NO. 2													
I	1	DRIVER LICENSE NO.	H13426955	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V1/P	1	DRIVER	MOHAMMED G ABED	PHONE	4024191869	LOCAL NO.							
V2/P	1	DRIVER ADDRESS	511 SURFSIDE DR APT 121, LINCOLN, NE 68528	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/01/1990							
J	01	OWNER	MHAMMED G ABED	PHONE	4024191869	LOCAL NO.							
		OWNER ADDRESS	511 Surfside Dr #121, Lincoln, NE	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.							
V1/Q	4	LICENSE PLATE	PA NO. TGX589	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V2/Q	4	VEHICLE	2001	MAKE	Toyota	MODEL	Avalon	BODY STYLE	4 door Sedan	COLOR	silver / chrome	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 200
K	01	VEHICLE ID NO. (VIN)	4T1BF28B51U175908	INSURANCE COMPANY	Progressive			POLICY NO.	906741508				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX M F
VEH. #	NAME		ADDRESS				1	2	3	4	5	SEX M F	
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.						
VEH. #	NAME		ADDRESS				1	2	3	4	5	SEX M F	
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.						
VEH. #	NAME		ADDRESS				1	2	3	4	5	SEX M F	
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.						

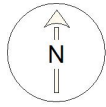
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

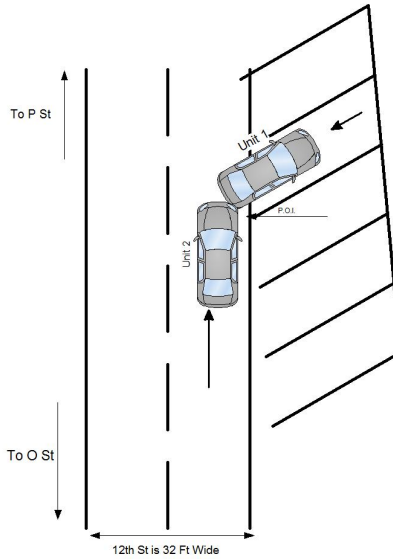
AGENCY CASE NO.  
**B6-011734**



Indicate  
North  
by Arrow



POI: 77 Ft South of  
South curb of P St  
6 Ft West of East  
curb of 12th St



**Not To Scale**

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 stated he was backing out of his parking spot on the East side of 12th St just prior to P St, when he didn't see V2 behind him and collided with him at approx. 3 mph. D2 said he was traveling Northbound on 12th St from O St when V1 backed into him. D1 was cited and released.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME ADDRESS PHONE				PHONE
	NAME ADDRESS PHONE				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		
1				X	12th St		POINT OF IMPACT	05	POINT OF IMPACT	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">3</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		
2	X				12th St		POINT OF IMPACT	05	POINT OF IMPACT	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		
1	02				06 Turning left		MOST DAMAGED AREA	05	MOST DAMAGED AREA	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		
2	01				08 Entering traffic lane		MOST DAMAGED AREA	05	MOST DAMAGED AREA	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		
				01 Essentially straight ahead		00 None		02 03 04		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>			
				02 Backing		09 Top & windows		01 05		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>			
				03 Changing lanes		10 Undercarriage		06 07 08		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>			
				04 Overtaking/ Passing		11 Total (all areas)		09 10 11		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>			
				05 Turning right		12 Other		12 Other		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>			

OFFICER NO. <b>1715</b>	TROOP/ TEAM/ BEAT <b>CE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Jessica Stake</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Jessica Stake</b>	
DATE OF REPORT <b>02/11/2016</b>			